



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:24 am, Jul 02, 2015

REPORT #3

Complete this report at the time of the regular monthly preventive days). Complete this report whenever the instrument is serviced or into service. Retain the original and send a copy within 15 days

INTOX EC/IR II SN
12685

NAME OF AGENCY
SPRINGFIELD PD (GC JAIL)

DATE OF INSPECTION
06/23/2015

LOCATION OF INSTRUMENT (STREET AND CITY)
1000 N BOONVILLE SPRINGFIELD, MO. 65802

TIME OF INSPECTION
16:50 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ **DIAGNOSTIC RECORD**

☒ BLANK CHECK

☒ CO2 CHECK

☒ FC 1 TEMP

☒ FLOW CHECK

☒ SRC TEMP

☒ FCB CHECK

☒ DET TEMP

☒ CRC COMP CHECK

☒ BT TEMP

☒ CRC CAL CHECK

☒ STD 2 TEMP

☒ PRINT TEST

☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER intoximeters

LOT# AG322402

EXP. DATE 08/12/2015

☐ SIMULATOR TEMP (34°C ±0.2°C)

SIMULATOR S/N

SIMULATOR EXP DATE

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ~ 0.099 g/210L

TEST 2 ~ 0.099 g/210L

TEST 3 ~ 0.099 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 0

0-.04 1

.05-.09 2

.10-.14 6

.15-.19 1

OVER .19 1

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

MEETS DEPT OF HLTH STDS

INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME

D'ANDREA, TONY

TYPE II PERMIT NUMBER

EXPIRATION DATE

TELEPHONE NUMBER

230183

09/04/2015

(417) 864-1810

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 13-Aug-2013

Lot # AG322402

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|------------------|--------------------------------|
| 12-Aug-2015 | 108 | Ethanol | 0.100 ± 2% BrAC (272 ppm) |
| | | Nitrogen | Balance |

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010595 | 208.9 ppm |
| EB0010561 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 52.22 ppm | EB0010579 | 52.94 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2013.08.13 14:31:53 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

TONY D'ANDREA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/4/2013

NUMBER 230183

EXPIRES 9/4/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (RS-10)

| | |
|--|---|
| | STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM |
| | INSTRUMENT OPERATOR CARD |
| <small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small> | |
| | |
| Operator D'ANDREA, TONY Permit No 230183 Date Issued 9/4/2013 Date Expires 9/4/2015 | |